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BULLETIN

OF THE

Harvard Medical School Alumni Association



THE RELATIONS OF THE
MEDICAL SCHOOL AND THE
SCHOOL OF PUBLIC HEALTH
TO OTHER DEPARTMENTS
OF THE UNIVERSITY.
BY DEAN EDSALL

April, 1930



X-Ray photo of hand showing severe rickets

Successful Treatment of Rickets~

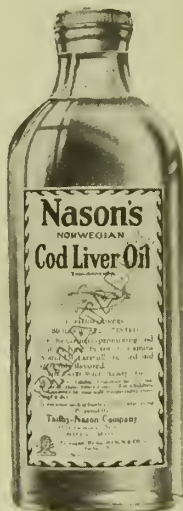
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X-Ray photo of same hand—one year later showing rickets healed

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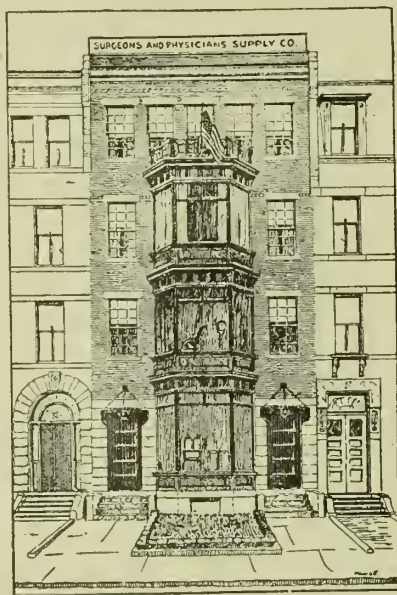
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Fund for Sick Students.

When medical students fall ill, they must be treated in a hospital. In recent years the Physician to Students has been also a member of the staff of the Peter Bent Brigham Hospital and the students have been referred to that institution rather than to the Stillman Infirmary in Cambridge. Medical students are not required to pay the regular Stillman Infirmary fee which is required of College students. Their necessary expenses are already high and it is important not to increase them further. They do not subscribe voluntarily, because the Stillman is far away and because health insurance of this kind does not seem to them worth while. Consequently, when illness comes, a hospital bill comes after it.

In the case of most students this bill is paid without great difficulty, but to some it constitutes a real hardship. Student

budgets are always small and always carefully apportioned. An acute infection or an accident may mean an effort to meet the extra expense by skimping on food and simple comforts at precisely the time when this food and these comforts are most needed.

So far, the Peter Bent Brigham Hospital has been very considerate in reducing its charges whenever necessary, but its charity is being imposed upon.

Dr. Edsall has considered this state of affairs with some care and for some time has wished that a small fund of money might be available so that the proper treatment of sick students could be arranged without imposing serious burdens on them or on the Hospital.

A small sum will, of course, meet only a small number of cases, but it will cover the cases in which the expense would be an acute hardship. Most persons have

some hardship from paying the costs of illness, and medical students, like the rest of us, should meet these costs if that means only moderate difficulty. The fund is intended to relieve those to whom the expense would bring real distress.

When the need of this fund was disclosed to the Council of the Harvard Medical Alumni Association, it was very glad to agree to place at the disposal of the Dean a sum of money up to \$1000 a year for this purpose. This contribution represents another tangible benefit conferred on the School by its graduates.

* * *

The Annual Meeting. Attention is called to the annual meeting of the Harvard Medical School Alumni Association, which will be held at the school on Monday, June 16, Commencement Week. Inasmuch as the meetings heretofore have

been primarily social, rather than scientific, in character it has been the custom to hold them in June, usually at a time when the Harvard College classes are holding their reunions. There is a growing demand, however, for having scientific sessions in connection with the annual meeting. The program of clinics, ward rounds, and scientific papers of the Johns Hopkins Surgical Society and Medical Association, as reported by Dr. George Reynolds in this issue, was very interesting and profitable. The Harvard Medical School Alumni Association might do well to adopt a similar program. To do so it would be almost a necessity to advance the time for the annual meeting to an earlier date, such as April, when the laboratories and clinics of the Medical School are in full swing. These changes in the character and time of our meetings will be discussed at the June meeting.

The Relations of the Medical School and the School of Public Health to Other Portions of the University

BY DAVID L. EDSALL, M.D.

UNTIL the past few years there was very little coördination between the Medical School and other parts of the University, and the School of Public Health, of course, has developed only in recent years. There have been for a long time occasional students, especially in the Graduate School of Arts and Sciences, who took a fraction of their work in the Medical School, but until recently the only really important continued coöperation was the provision by the Engineering School of a course in Sanitary Engineering. This has been in operation for nearly twenty years and has been continuously valuable in public health training both during the life-time of the Harvard-Tech-

nology School of Public Health and since the present organization of the School of Public Health has been in operation.

In the past generation especially there have, however, appeared increasingly important relations between medicine and other University activities. These are especially conspicuous in relation to chemistry, biology, and physics, but of constantly growing importance in other connections. It appears clear that, in future, intimate relations with many activities in other parts of the University will be essential for the medical school if it is to maintain progress in thought and investigation, and is to develop practitioners of a training and viewpoint adequate to enable them to employ

intelligently the developments that come constantly in such numbers and such diverse forms.

In quite recent years there have grown up here very significant and valuable relations in diverse ways and with diverse portions of the University. Perhaps of most central significance is what is now termed in the College the Division of the Biochemical Sciences, and the development of tutors in this subject. This was due to the vision of President Lowell. Repeated discussion in the Overseers' Committee of the Medical School had brought out the fact that the members of the Medical Faculty felt strongly that medical students, whatever the college whence they came, had, in the majority of cases, little or no conception of the relation of chemistry, biology, and physics to living processes, or even to each other, however much or little knowledge they might have of the subject matter of the courses in these subjects that they had gone through in college. President Lowell instituted a system of tutors whose main object should be to develop in the students an understanding of the relations of these subjects to each other, and their relation to living processes; that is, especially to physiology. It was started with the particular view of reaching men who intended to go into medicine, but the purpose became rapidly extended to any men who wished to have this correlated training in these subjects, whatever career they had in view. Beginning with one tutor, it rapidly became so interesting to the students that now it has become necessary to have one full-time tutor and nine part-time tutors, in order to take care of the numbers wishing to concentrate in this line. The number of students concentrating in Biochemical Sciences has increased so strikingly that, in the five years the system has been in operation, it has advanced to the point where it is among the six most-sought-for subjects of concentration in the College. As shown by the following figures, the numbers have increased greatly in the past year:

YEAR	NUMBERS CONCENTRATING
1927	68
1928	98
1929	91
1930	131

This rapid progress has been partly due to the interest of the field and the effectiveness of the system, partly to the fact that the men chosen as tutors have averaged high in ability and keenness. The part-time tutors spend the other portion of their time in research in the basic sciences or in the medical sciences; in the latter case their investigative work is done for the most part in the Medical School. It is anticipated that this system, with students coming from Harvard College, will make them very much better fitted to approach intelligently and keenly the study of medicine, and especially of the medical sciences, that they meet immediately upon entrance to the School, and that it may have important influence elsewhere.

The relations with the Engineering School mentioned above have, in the past three years, developed into an entirely new further relation that bids fair to be of much significance and of much economic and humane importance. The work that has been done in the Medical School and School of Public Health for the past twelve years, in studying problems of industrial hygiene, has shown repeated instances where the most serious element lacking in the hygiene of factories, and the most important method of overcoming hazards, depended entirely upon engineering methods. Building construction has very frequently been carried out without regard to the hazards that the operatives in the factory are subjected to, especially in relation to poisons, dusts, and vapors, and there are many instances also in which the mechanical engineer in the construction of machinery has had no real conception of the physiological influence of the machine upon the individual who operated it. These points are widely known experiences throughout the world. In

other ways engineering has important health relations that are not duly recognized and provided for, as, for example, it has been the experience that in potentially malarious regions road engineers frequently leave behind stagnant pools of water that bring malaria even when it did not previously exist.

More than five years ago there were repeated discussions with the late Dean Hughes of the Engineering School regarding this, and plans were developed for a training, carried out conjointly by the Engineering School and the School of Public Health, that would give engineers the elements of hygiene and their relation to industrial hazards and industrial physiology. It is quite apparent to those experienced in such matters that the engineer frequently has the opportunity to do more good or more harm to the health of large groups of people than is often the case with physicians. Properly trained, he could exercise great influence in the prevention of health disturbances. There has now been in operation for three sessions a course in hygiene for engineers; in part at the Engineering School, in part at the School of Public Health. The Public Health School contributes training in the health hazards the engineer meets, and the methods of obviating them, as well as elementary training in the aspects of physiology significant to the engineer. In addition also to the groups of engineers who have taken these courses, there have been advanced students of engineering, working for a master's or doctor's degree, whose work was in major part done in the School of Public Health; and they, too, have carried on valuable research in connection with the Public Health School staff, particularly on problems related to dusts and vapors and the methods of controlling them. This work has been especially under the guidance of Mr. Philip Drinker. It is, so far as we know, an entirely new undertaking, and one that seems likely to be of very real service to health.

There have, further, grown up in a way

that would have been entirely unanticipated a few years ago, very important relations between the two Schools and the Graduate School of Business Administration, and there are very evident ways in which these relations may be further extended, and steps are being taken to carry these out.

A fund obtained by Dean Donham of the Business School, for the study of effort and fatigue, with a particular view to better comprehension of problems dealt with in factory operatives, was put under the control of a committee representing the Business School, the Medical School, and the School of Public Health, since all were involved; and the work itself has been under the guidance of Dr. Lawrence J. Henderson, with the coöperation of Dr. Arlie V. Bock and Dr. David B. Dill, and a considerable group of others. It has led to the establishment of a highly equipped and very active laboratory of physiology in the Graduate School of Business Administration, but with immediate relations with the Medical School through portions of the work carried on at the Massachusetts General Hospital in coöperation with the Department of Medicine there. The whole conception of the work, and the results thus far obtained, give promise of singular importance to industry, to physiology, and, in important ways, to clinical medicine and the comprehension of the actual nature of certain diseases and disorders. The essential conception is a study conjointly of a very considerable series of factors, in order to advance towards a comprehension of the alterations in the whole individual consequent upon effort and fatigue. The methods are too complex and elaborate to make it feasible to discuss the details intelligently in a brief article. They are essentially methods in general physiology, and especially of physico-chemical character, with mathematical treatment of data. The results thus far obtained have roused widespread and important recognition in this country and abroad, and appear to be of fundamental significance in the comprehension of the matter under investi-

gation. It has had already important clinical significance as well. A large field, and a long period of study, are obviously opened by this work.

In immediate geographical relation with the latter work, that is situated in the Business School and coöperating intimately with the Fatigue Laboratory, is the work under Dr. Elton Mayo in industrial research. This is carried on by methods chiefly psychological in character, but checked constantly by available clinical methods and by the production records of the industry itself. It is essentially the study of the effect of working conditions and industrial organization upon the human organism, and the relation of production to the organic and mental equilibrium in the individual at work. It is producing fundamental information bearing upon the efficiency of individuals and groups of individuals, and upon problems of industrial unrest and the like. It is primarily founded upon the observations and viewpoint of Janet in respect to the relations between concentration and reflection in a given individual, and particularly attacks the nature of and control of morbid preoccupations in the individuals under observation. It has had a considerable period of trial in important industries and is becoming widely recognized as being of significant practical importance. In one large industry, for example, it has within a few years reduced the labor turnover from above 200 per cent. to a steady turnover of only 5 per cent. in the past five years, besides increasing the quantity and quality of production. The numerous details studied, the careful system of controlling and checking results, and the like, cannot be given here. It seems, however, to be apparent that it has become of influence in benefiting industrial conditions and the individuals operating in industry, and, furthermore, it seems also that the method of approach and the things that are studied provide an important opportunity for investigating the very things that are frequently the germs of mild or more serious psychiatric disturbances. Both

the methods of study and the methods of improving conditions become thereby of very real importance in the study of psychiatry and mental hygiene. It is, too, of much importance that these studies, carried out in industries, have the great advantage of being done with a more or less homogeneous group of persons under more or less homogeneous conditions of work, and likewise with groups that are subject to a considerable amount of control as to the conditions of their life, and also the alterations that can be made in their conditions of life during working hours, and the effects of such alterations are subject to what is essentially experimental control. This gives a degree of elimination of variable factors extremely difficult to secure in a random cross section of the population, such as the clientele of the ordinary psychopathic hospital, and thereby provides a particularly good opportunity for study of problems of immediate significance in psychiatry and abnormal psychology. Plans are now being made to make a direct liaison between this work and the Department of Psychiatry in the Medical School.

The large biological development now under way in the College has, too, been planned with the conception of bringing the Medical School intimately into association with the biological activities in Cambridge in both research and teaching. The large number of the distinguished staff in physiology, biochemistry, and physical chemistry in the Medical School, and the protozoölogists, helminthologists, entomologists, and bacteriologists are all working in important biological fields, and there are many obvious ways in which research can be coördinated, as opportunity offers, with the biological organization in the College. Also advanced students in the College and the Graduate School of Arts and Sciences on the one hand, and certain of the medical students and graduate medical students on the other hand, can be cared for much better by intimate coördination of these groups. In certain details such things are already occurring.

The development also in the School of Public Health, in the past eight years, of an effective Department of Vital Statistics has led already to intimate consultative and research relations between that Department and other portions of the University, especially the Bussey Institute and the Astronomical Department, and there is now prospective coördination with the Department of Economics. The Department of Vital Statistics has also been of widespread value to a number of the departments in the Medical School in lending skilful statistical and logical elements to the study of various problems in the medical sciences that have so often lacked that critical element everywhere. The Department of Vital Statistics, like a number of the other departments in the School of Public Health, offers also valuable elective and voluntary courses, not previously available to medical students and opportunities for graduate students and for the teaching and research staff.

Such are some of the most significant of the relations that have developed in recent years with diverse parts of the University. There are already other forms of coördination in operation, and there are evident a variety of other ways in which further coördination is desirable. It is clear that still further developments may be anticipated in the near future. It is now planned, for example, to add definite sociological studies to the work in operation under Mayo, and an indefinite extension into the sociological aspects of both indus-

trial and medical investigations is clearly of great importance. Proper prosecution of it waits simply upon securing gifted personnel of a quality and viewpoint difficult to find, and upon funds. There is also in view a relation between the Clinic of Abnormal Psychology (in the College) and both the industrial and the medical and neuro-psychiatric work.

There are extremely important economic relations of medicine and public health, as everyone has come to recognize, especially within the past few years. There has, however, been very little serious study of the economic aspects of health and disease. Large opportunities, likely to be of much interest and of much value in public welfare, exist in this field; the study of them being again dependent upon obtaining peculiarly gifted and especially trained personnel and considerable funds for their work.

Diverse further coöperative activities in research and in the training of students whose interests reach varied fields are readily conceived of. The prospect in future seems to be one of increasing closeness and increasing importance of such coöperative activities, and intimate family coördination of the Medical School and School of Public Health with many parts of the University, with proportionately beneficent influence upon the effectiveness of health activities in their various community relations and broader usefulness of physicians in the increasingly diverse ramifications of medicine.

Changes in Teaching of Orthopaedic Surgery

BY ROBERT B. OSGOOD, M.D., JOHN B. AND BUCKMINSTER BROWN
PROFESSOR OF ORTHOPAEDIC SURGERY.

AS the Department of Orthopaedic Surgery understands them, there were three main objects of the recent changes in the curriculum of the third-year at the Harvard Medical School.

The first was to lead the third-year

teaching away from purely didactic lectures into more clinical methods of instruction and to bring the students into more intimate contact with patients.

The second was to break up (or down) the more or less watertight compartments

within which the different specialties of medicine and surgery had been teaching, and to correlate as far as possible the teaching in all subjects.

The third was to relieve the students of the necessity of traveling during the same day to several different hospitals which were widely separated geographically.

To conform to the first of these objects the Department of Orthopaedic Surgery did not find it necessary to change materially the method of conducting the whole class exercises assigned to the department. Didactic lectures had been abandoned six years ago by the department as being unsatisfactory conveyors of permanent information. In their place the following method of conducting whole day exercises was adopted. A lecture on a given subject was carefully written under headings and sub-headings exactly as if it were to be delivered orally, with a few references for collateral reading. Enough mimeographed copies were made to supply every member of the class. These copies were given to the students one week before the subject of the lecture was to be discussed, and the students were requested to read the lecture at their leisure, take what notes they wished, sign their names on the cover, and return the copy at the next whole class exercise.

The hour of the exercise was roughly divided into three parts. For the first twenty minutes the instructor amplified the subject by demonstrating illustrative clinical cases, pathological specimens, lantern slides, etc. For the second twenty minutes the instructor put himself "on the carpet", so to speak, and the students asked the instructor questions. For the last twenty minutes the instructor quizzed the students on the subject. Tests seem to show that pieces of permanent information are in this way conveyed both before and during the lecture hour. We have seen no reason to change this method and it is still in force. The part of the scheme concerning the success and profit of which we were at the outset in doubt was the

second twenty minutes of the hour during which the students were allowed to ask the instructor questions. We feared this period might drag or the questions be stupid. We realized, however, that this was likely to be a test of the students' interest in the subject. Our apprehension was unnecessary. It has been usually necessary to stop the questions of the students which have followed one another like a Gatling gun, and stupid or unnecessary questions have been of the rarest occurrence.

The answers to the rather searching questions of the instructor have shown a very satisfactory and general digestion of the subject matter of the written lectures and have often indicated collateral reading.

With supplementary lectures in the Preventive Medicine Course on Poliomyelitis, Chronic Arthritis, and Statics, in which the Orthopaedic Department has been invited to share, the new curriculum has presented no new problems in the whole class exercises.

The second purpose, namely, the correlation of the teaching, has been met in the following manner. The teaching of children's Orthopaedic Surgery is concentrated at the Boston Children's Hospital and during the year each student spends the major part of each day at the hospital for a period of one month. He receives all his third-year clinical teaching in Medical, Surgical, and Orthopaedic Pediatrics during this month. Three of his weekly mornings are devoted to Medicine, two to Orthopaedic Surgery, and one to General Surgery. In Orthopaedic Surgery special clinics in the different subjects covered are organized in the Amphitheatre, the outpatient, and the wards, and an instructor assigned to the students on each subject. This instructor, during his period of instruction, has no other duties than to demonstrate the cases and to discuss the subject with the students. On one afternoon (Monday) each week three groups of two students each are assigned an instructive case to study: to one group a medical case, to a second a surgical case, and to a third

an orthopaedic case. All the students of the section, the residents on the three services, and the heads of the departments at the Children's Hospital, or their representatives, attend this exercise, which lasts theoretically an hour and a half, but usually extends to two hours. The different groups of students report their cases, and the heads of the departments, the resident, and the other students discuss them, bringing out their various aspects. This exercise is proving extremely profitable and popular.

The exercises concentrated at the Children's Hospital seem to cover satisfactorily clinical instruction in the Orthopaedic Surgery of Children, but leave uncovered the large field of the Orthopaedic Surgery of adults. Formerly all this instruction was given in the Orthopaedic Clinic of the Massachusetts General Hospital and comprised about half of the third-year clinical teaching in Orthopaedic Surgery. Under the new curriculum, in order to accomplish the third object, groups of students are assigned for periods of three months to the surgical teaching service of the Massachusetts General, the Boston City, and the Peter Bent Brigham Hospitals. They receive their entire third-year instruction in General Surgery at these hospitals. This obviates the necessity of their traveling from hospital to hospital on the same day and makes possible a kind of clinical clerkship training.

In an attempt to conform to the spirit of the new curriculum, the Department of Orthopaedic Surgery approached the heads of the surgical teaching departments of these three hospitals and asked them whether they would welcome correlated teaching in adult Orthopaedic Surgery on orthopaedic cases during this three months' period of instruction in General Surgery.

They all expressed their readiness to include such teaching. Three of the instructors in Orthopaedic Surgery were thereupon assigned to this teaching to cover the subjects in adult Orthopaedics formerly taught exclusively at the Massachusetts General Hospital. These instructors, Dr. Marius N. Smith-Petersen at the Massachusetts, Dr. James W. Sever at the City, and Dr. Frank R. Ober at the Peter Bent Brigham, arranged for such instruction with the heads of the surgical teaching departments at their respective hospitals and definite hours of instruction in the wards and out-patient departments were assigned. By vote of the Committee of Full Professors, these instructors were recommended for the title of Assistant Professors of Orthopaedic Surgery and so appointed by the Corporation of Harvard University. This teaching is now satisfactorily organized and in force.

The third object of the recent changes in the third-year curriculum, namely, the concentration of the teaching in one hospital during a given period, has been attained as far as the Department of Orthopaedic Surgery is concerned by the concentration of its teaching in children's Orthopaedics at the Children's Hospital for one month, and in adult Orthopaedics at the three hospitals whose teaching in General Surgery is given for periods of three months.

We are of the opinion that the changes instituted in the third-year curriculum have resulted in much more profitable instruction from the students' point of view and in more satisfactory, though more time-consuming, teaching from the point of view of the instructors. The committee, who after much deliberation planned these changes, seem to have planned wisely and well.

Early Cardiology at the Massachusetts General Hospital

BY HOWARD B. SPRAGUE, M.D.

RECENTLY, in a search for the first reference to the use of the stethoscope at the Massachusetts General Hospital, I became interested in the other aspects of cardiology as shown in the early records of the East Medical Service, the original medical division of the hospital.

When the Bulfinch Building was opened, in 1821, Laennec's description of the stethoscope was only two years old. Whose stethoscope was first used in the hospital we cannot tell. James Jackson, the first physician to the hospital, returned from his medical studies abroad in 1800 and never visited Europe again, but he is said to have kept himself informed of European medical progress. It is evident, moreover, that a stethoscope was available for use during the early days of the hospital, but we can imagine that it was used much as we now use the electrocardiograph, as a possibly useful aid to diagnosis in cases in which heart disease is suspected, but not as an instrument for routine physical examination. As evidence of this we find that the first three medical patients had no recorded heart examination at all.

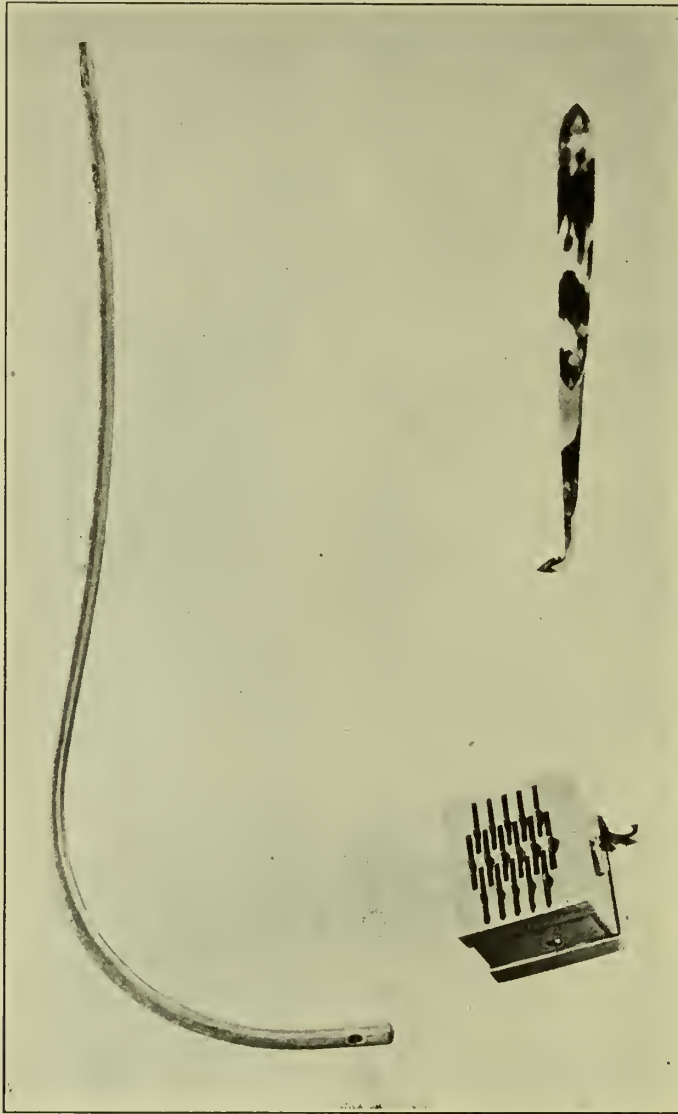
In 1833, when Dr. J. B. S. Jackson, the nephew of James Jackson, became a member of the staff of the Massachusetts General Hospital, the stethoscope was in common use. Through the kindness of his son, Dr. Henry Jackson, Sr., I have been permitted to photograph the Laennec stethoscope which his father brought from Paris in 1831, as well as a cupping instrument, catheter, bistoury, and early clinical thermometer for axillary temperature, the last given him by Dr. John Ware. The stethoscope is made of wood and ivory and has a perforated stopper at the end applied to the patient's chest for use in examination of the heart. With this type of monaural instrument the first cardiac and

pulmonary examinations in the hospital were made.

The first patient admitted to the Massachusetts General Hospital was a man of 30 years of age by the name of Thomas Ir-



Laennec Stethoscope Brought back
to America from Paris in 1831
by Dr. J. B. S. Jackson.



Top—Catheter. Left—Cupping Instrument. Right—Bistoury.

win. He entered, September 1, 1821, not September 3, as is stated in the Bowditch history of the hospital and quoted in the recent supplementary volume by Mrs. Myers. His complaint was syphilis, which he contracted in New York. He remained at the hospital until May 7, 1822, when he died. To judge from the notes of his progress and treatment, this must have been a happy outcome from his point of view. His sufferings from the disease, which caused

sloughing of the bones of the nose, and from the purgings and the mercurial saturation must have been depressing to his physicians as well. He died in severe respiratory distress. The East Medical Service, starting its scientific tradition, secured an autopsy on the patient. An ulcer of the larynx was found, the abdomen was said to be negative, but no note was recorded of the organs of the thorax.

The next entry was William May, a

man of 25 years, with West Indian fever and diarrhoea. He was successfully treated and recovered.

The third patient was Joseph Osborn, 30 years old, who, like the first man, entered for the treatment of syphilis acquired in New York, complicated by gonorrhea and arthritis. He recovered.

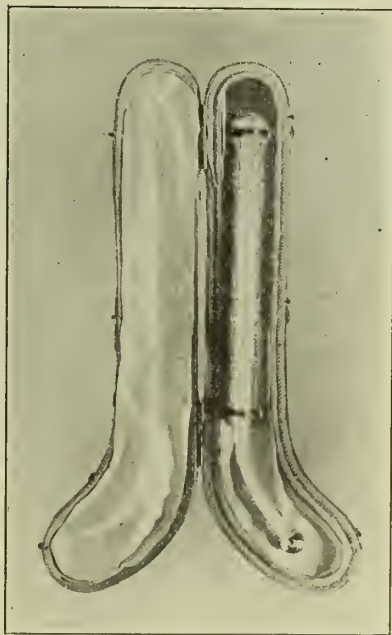
The fourth was Isaac Chapman, 30 years of age, admitted on October 1, 1821, a native of Boston. The information from his local doctor (Dr. Brown) was as follows: "Naturally robust and plethoric, has been intemperate. The beginning of last winter appeared completely cachectic. Mouth and throat full of Aphthae—dyspeptic—had a troublesome cough. Mend- ed under medical treatment. In the spring, same symptoms returned, with Dyspnea which was aggravated in an horizontal position. Often would start up in his sleep, with a sense of suffocation. Again mended and attended to business partially thro' summer."

Three days later, on October 4, the stethoscope first appeared in the hospital records in the midst of these notes, "October 4th. Has now a cough accompanied with an expectoration of phlegm, often colored with blood. Frequent dyspnea—and oppression about the heart aggravated by exercise, and a horizontal position; also by lying on the left side. Pulse 100—small and rather sharp. Examined by Stethoscope. Pulsation not distinct in the region of the heart—more strong under the clavicle and upper part of the Sternum, than in the region of the heart. The impulse especially stronger than in the region of the heart—the impulse is indistinct on the right side. Inspiration is wheezing. On the left side it is not easily heard perhaps owing to the pulsation which is distinct on all parts of that side." Two points in the examination are of interest, first, the impulse and the sounds of the heart are not differentiated. This is characteristic of the earlier descriptions of the heart and is not to be wondered at, because up to Laennec's time they were not divided, and

it was not until 1829 that Turner corrected the latter's belief that the second sound was due to auricular systole. The other point is that in this case the pulsations of the heart were more distinct under the clavicle and upper part of the sternum. The observation, as appears later, was probably accurate.

A few more notes can be quoted:

"October 5th. Pulse quite small—108." "The pulsation of the heart through the Stethoscope very indistinct—not strong; but under the left clavicle and under the upper part of the sternum the pulsation is very strong and distinct, especially under the sternum. The sound in some measure at a greater distance from these parts. The pulsation in these parts is that attending the Systole of the ventricles only, and not that of the auricles. Respiration is heard through the Stethoscope on the right side very distinctly, giving, during inspiration, a very strong murmur, approaching perhaps the sound of



Clinical Thermometer for Axillary Temperature, Presented to
Dr. J. B. S. Jackson
by Dr. John Ware

crepitation on the left side, no sound to be distinguished from respiration, except on or just after cough—when there is a sound, which seems to indicate the passage of air with some difficulty.” [Improved somewhat but evidently was breathless on exertion.]

“October 30th. A chill last night and heat. Pulse 108. Pulsation more distinct as it regards impulse—and more general; with some sound.

“November 5th. (Coughing and orthopneic.) (Dysphagia).

“November 14th. Pulse in the left wrist always more feeble than in the right.

“December 25th. (Better).

“January 10th. (Discharged).”

In pencil there is then a note that “This man died suddenly soon after discharge, with a sudden copious flow of blood from the lungs. (Rupture of Aneurysm).” The result of the case was mentioned by Dr. James Jackson in the first report to the trustees in 1822. The diagnosis confirmed the clinical observations.

From the history and recorded physical findings one could have made the diagnosis of aortitis, aneurysm, and aortic regurgitation in this case—cough, with nocturnal attacks of orthopnea, oppression about the heart, upper substernal pulsation, auscultatory signs of obstruction to the passage of air and absent second sound of the heart, and inequality of the pulses. The youth of the patient is, however, unusual. We look in vain for the descriptions of percussion, that older but still valuable art.

From the records of a little later date, or just one hundred years ago, a few quotations may be cited to illustrate other observations which we now can possibly interpret.

East Medical, vol. 35, October 20, 1829–December 21, 1829.

Sarah Howe widow. Aet 62. Clonus Palpitation. Through stethoscope impulse not sharp, sense of great swelling of left ventricle with much sound, pulsation just audible below left clavicle. [Probably hypertensive heart disease with loud murmur of mitral regurgita-

tion. The confusion between sounds and murmurs at this time makes it impossible to be sure.]

Samuel Beck Aet 57. December 11. Pulse 84, more full, hesitating nearly intermitting—lying on back. Through stethoscope pulsations of heart more regular, sometimes distinct and perfect, at others hurried.

December 12. Pulse 72, irregularis, vi, volumine et tempore.

December 26. Pulse 72, intermittens et inequalis. [Auricular fibrillation?]

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Mary Fitzgerald Aet 33. February 18. Pulse 72, plenior, intermittens. Through stethoscope over right ventricle impulse rather strong, occasionally half intermission and hurried stroke, slight bellows sound accompanying the contraction and pulsation. [Premature beats and systolic murmur.]

One may with profit compare the treatment accorded a patient with congestive heart failure entering the Massachusetts General Hospital one hundred years ago with the treatment in 1930. Then he would have received bleeding or leeches, digitalis and squill, opium and calomel. Today he would be bled (if acutely ill) and receive digitalis, morphia, and a mercurial diuretic (merbaphen or salyrgan). In England he might also have leeches applied. The similarity is striking, and not a little depressing to the modern therapist, but the manner of administering the drugs today would be at least more rational and effective or less likely to cause injury. A typical cardiac prescription a hundred years ago would be this,

Rx. Ant. Tart. Gr. i	M. et Div. in Pill xii
Pulv. Opii Gr. iii	(Two pills a day would
Pulv. Scill. Exsic.	give 2 grains each of
Pulv. Digitalis	digitalis, squill and calo-
Hyd. Sub. Mur. aa	mel and 1-2 Gr. of
Gr. xii	opium.)

This was a time when the process of proper digitalization, which Withering had so well described almost half a century before, had been forgotten and was to slumber here as in so many hospitals for many years more.

As one reads these records of the past the impressive fact in relation to diseases of the heart is that, seen with the eyes of today, the foundations of modern cardiolo-

ogy were all present but the interpretation and the synthesis were lacking. Armed with no more than the house pupil of a hundred years ago—eyes, fingers, stethoscope, lancet, opium, digitalis, and mercury—the modern house officer can diagnose

completely and treat successfully the great majority of cardiac patients, the same patients who at that early time died from dropsy within sight of effective aid. A hundred years hence similar criticisms will be made of us.

The Beth Israel Hospital

BY HERMAN L. BLUMGART, M.D.



Dedication Exercises of the Beth Israel Hospital.

THE Beth Israel Hospital was founded in 1911 and, until 1928, consisted of one small building in Roxbury which, with its very limited facilities, did its best to answer the immediate needs of the sick. Demands on the hospital rapidly increased and it became necessary to provide an institution which could treat patients by the most scientific methods in the most modern surroundings. In August, 1928, three beautiful buildings which make up the new Beth Israel Hospital, a non-sectarian unit with the finest of modern equipment, were opened to the community. In the main building are beds for ward, semi-private,

and private cases, with a special section devoted to children. The total bed capacity is 180.

There are two services in the hospital, a medical service under Dr. Harry Linenthal, Physician-in-Chief, and a surgical service under Dr. Wyman Whittemore, Surgeon-in-Chief. Pediatrics and neurology are included in the former service, and gynecology in the latter. There is no obstetrical service.

The Beth Israel Hospital is a teaching hospital, affiliated at the present time with the Harvard Medical School and the Tufts Medical School. Fourth-year Harvard

teaching is done during the first semester of the school year. During this time the students serve as clinical clerks on the medical wards. This work is supplemented by special exercises in dietetics, nursing technique, social service, pharmacology, therapeutics, and diagnosis.

Instruction in clinical medicine for third-year Harvard students is carried on in the out-patient department throughout the year, the students alternating between the Peter Bent Brigham Hospital and the Beth Israel Hospital. In addition, a few clinics are given to the entire third-year class and a voluntary course in diseases of the cardio-vascular system is also offered. Furthermore, third-year Harvard Medical School instruction in dermatology is given in the out-patient department and on the wards of the hospital. The department of pathology is in charge of a member of the Harvard Medical School Faculty, and, during their second-year course in pathology, students attend necropsies at the hospital. Second-year students also attend a series of exercises in surgical diagnostic technique. In an attempt to correlate the pre-clinical and clinical subjects, the first year class in physiology is given a series of lectures on "Clinical Illustrations of Physiological Principles."

Students from Tufts Medical School receive instruction in clinical medicine on the wards of the hospital during the second semester and in the out-patient department throughout the year. Clinical surgery is taught on the wards and in the out-patient department during the entire year.

The pediatric service, consisting of 21 beds, is affiliated with the Tufts Medical School.

Every facility for routine and special tests is available. For the treatment of pneumonia there is an oxygen chamber which is at the disposal of the members of the staff and any physicians of Boston who may wish to send patients.

The out-patient department has twenty clinics representing medicine, surgery, and the various specialties, including a consultation and diagnostic tumor clinic which works in conjunction with similar clinics in the other hospitals in Boston. In the first fifteen months there were 48,952 out-patient visits.

The laboratories of the department of medical research are supported mainly by the Beth Israel Hospital but receive substantial aid from the Harvard Medical School and are under the direction of a member of the Harvard Medical School Faculty. Various problems concerning the cardio-vascular system are being investigated and a study of the therapeutic properties and mode of action of ethyl iodide recently has been completed.

The social service department is unusually active and well staffed and, in addition to its extensive case work, it trains students from the Simmons College School of Social Work.

The hospital maintains a training school for nurses with a present enrollment of 70 students taking the regular three-year course. Teaching facilities and living accommodations are provided in the nurses' home immediately adjacent to the hospital.

Dr. Vincent Yardley Bowditch

By L. VERNON BRIGGS, M.D.

IN a little valley or hollow in Weston (near Auburndale) Mass., stands a picturesque, old-fashioned, New England farmhouse, surrounded by shagbark, oak, and chestnut trees, and near a swiftly running brook, which finds its way to the

Charles River not far distant. Here Vincent Yardley Bowditch first saw the light of day, on July 7, 1852. It was in this lovely spot and among friendly and congenial neighbors that the first few years of his life were spent.

His family's winter home was in a substantial granite house, 8 Otis Place, Boston, shaded by the branches of a large elm which grew on a neighboring estate. At Otis Place (now Otis St., where it enters Winthrop Square) the Bowditch family were again surrounded by congenial neighbors, with whose children the boy played in the spacious yards which in those days extended well back of the houses, and were filled with flowers and fruit trees. This house had also been the residence of his grandfather, Dr. Nathaniel Bowditch, famous as the translator of Laplace's *Mécanique Céleste* and as author of Bowditch's "Practical Navigator," which is still used by every sailing vessel the world over, and on many of the largest steamers. This fine old house was demolished by the city in 1858, when the pressure of business demanded a larger thoroughfare from Summer St. to Franklin.

On account of this gradual development of business, Dr. Bowditch's father decided to build on the new-made land, farther out of town. At the close of 1859 the family moved into this new house which Dr. Henry I. Bowditch had built at 113 Boylston St. (afterwards 324), opposite Arlington St. and overlooking the Public Gardens. This house soon came to have the home look of the old house in Otis Place. The bells of the Arlington Street Church at first disturbed the family, but later were a welcome sound. When they moved, the large and valuable library, mainly mathematical, which had belonged to the grandfather, Nathaniel Bowditch, was given by his children to the Boston Public Library, in order to make room for the growing library of his son Henry.

The Boylston St. house backed on the old Boston & Providence Railroad, the station then being in Park Square. When they moved into this house, Dr. Bowditch was but seven years of age. He was fond of telling in later years of the thrill he got watching the engines haul the trains to and from the station. These engines became his friends. They were named after dif-

ferent Presidents and other prominent men. He kept a book in which he wrote the names of all the engines, and he became so familiar with the sounds of their whistles and bells that he could tell whether it was General Washington or Thomas Jefferson that was approaching!

In the summer of 1863 the family took a small cottage under the shadow of Blue



Dr. Bowditch in 1920

Hill, in Milton, the Readville Camp being not far distant below. The 55th Regiment of Massachusetts Volunteers, the second regiment of colored troops, under Col. Norwood P. Hallowell, was encamped at Readville, and Dr. Bowditch spent many hours with his father, watching the development of the negroes as soldiers; and, as he once said, it was a delight to listen to the bugle call of the reveille in the early morning, as the notes were carried up to his home on the hillside, bringing with

them sad, yet sweet, memories of his elder brother Nat, who had formerly been encamped on the same spot, but who a year and a half before had bade farewell to home and friends to go to the seat of war. This brother fell bravely fighting, while leading a cavalry charge against the enemy.

During the years 1866 to 1870 the father decided to live for the greater part of the year at Milton Hill. This period was the beginning of a series of delightful associations and friendships for the whole family. The old house selected for the first summer had been built by the treasurer of George III, a picturesque specimen of colonial architecture which has since, unfortunately, been replaced by a modern structure. It may well be said that the Bowditches maintained the legend of a former lady of the manor, who was so beloved by the poor people of the district that the wayfarer preferred to sleep on her doorstep rather than in the almshouse.

After graduation from the old Brimmer School in Boston, Dr. Bowditch prepared for College at a private school kept by Epes S. Dixwell, and it was a delight to hear him tell of the amusing incidents which occurred at this school.

Between 1863 and 1868 he often accompanied his father on his summer vacation trips to the Adirondack region, and while there they several times made pilgrimages to the grave of John Brown, whose character was much revered by the family. Fishing and hunting proved dismal failures, but canoe trips down the Racquette River, and camping on its shores and on Tupper and Long Lakes, then in the heart of the primeval forest, were their great delights. Dr. Bowditch enjoyed meeting the local "characters" in these wild regions, the guides and the people who lived in log houses, and always remembered one Virgil Bartlett who, at the end of a rough, hard carry on a muggy day when they were beset by black flies, midges, and mosquitoes, took them into his log house

and fed them on beefsteak and boiled potatoes.

The father, Dr. Henry I. Bowditch, was a leader in medicine during his day and in many public movements. He was a great anti-slavery advocate and a man who made himself strongly felt in the community. He was Professor of Clinical Medicine in the Harvard Medical School, president of the American Medical Association, one of the founders and president of the Massachusetts State Board of Health, a member of the National Board of Health, and the first to advocate the operation of thoracic paracentesis for the removal of pleuritic effusions.

Dr. Vincent Y. Bowditch graduated from Harvard College in 1875. In College he had won the respect and affection of his fellow students, and for Class Day was chief marshal of his class. While in College he had developed a beautiful baritone voice and became a member of the Harvard Glee Club. He also whistled most charmingly and in exquisite tones—a faculty which he evidently inherited from his father and for many years was a delight to his friends. One of his earliest recollections was of running to meet his father, coming home on summer evenings, in answer to the whistle, "Lift my Lady over the Lea."

While the Bowditches lived in Boylston St., afternoon teas with music were given every Sunday, at which literature, art, and music were represented. Among the many interesting people of the day whom I remember meeting there were: Henry W. Longfellow, John G. Whittier, Oliver Wendell Holmes, the Alcotts, Frank Sanborn, Mr. and Mrs. James T. Fields, E. P. Whipple, Edwin Booth and the Grossmanns, Celia Thaxter, Joseph DeCamp, and Louis Ritter. On these afternoons, Dr. Vincent Y. Bowditch's mother, Olivia Yardley Bowditch (whom his father had met in England and about whose marriage there was much romance) usually poured tea. She had a most gracious and charming personality and was beautiful to look

at. Her daughter, Olivia Y. Bowditch, accompanied her brother when he sang or when occasionally he was persuaded to whistle in his exquisite way. Other solos, both instrumental and vocal, added to the charm of these afternoons, which were interspersed with delightful conversation and sometimes by readings, especially of poems, by their authors.

Dr. Bowditch received his medical degree from the Harvard Medical School in 1879. After his year's service as medical house officer at the Massachusetts General Hospital, he went abroad to continue his studies, first in Germany, then in Vienna. In Germany, as usual, his charm won him affection wherever he went—an affection so permanent, in the case of the family with whom he lived, that a regular correspondence was kept up with them until the last one died, only a few years ago. He often spoke of his pleasant days there and in Vienna and the friends he made, and of his associations with students from America and from European countries. Among the lifelong friends he made in Vienna was Dr. Alexander Bruce, who became a famous Edinburgh physician. This acquaintance led Dr. Bowditch to Scotland, where he visited every few years until recently. Besides his friendship for the Bruces, he formed other strong attachments in that picturesque country, among them one with Sir John MacDonald, his wife and sister, living on Gairloch, to whom he made long visits year after year in their beautiful house, nestled among hills covered with heather—which was in bloom at the time of his visits. Some of the happiest days of his life were spent on their yacht, the "Elfrida", sailing through the beautiful Scotch lakes and visiting historic places.

Since Dr. Bowditch's death I have received a letter from Dr. Bruce's son, Dr. A. Ninian Bruce, of Edinburgh, who writes that his father was cognizant of, and treated Dr. Bowditch for, tuberculosis, while he was a student in Vienna, and that they always felt that his illness

there greatly influenced his life, not only in shaping his course in medicine, but in his determining not to marry. To be sure, his father was a specialist in tuberculosis, but apparently Dr. Vincent Bowditch had not decided upon the selection of this specialty until after his own experience in Vienna.

He returned to Boston in 1881, and started the practice of his profession. He soon obtained an appointment on the staff



Dr. Bowditch in 1889

of the Carney Hospital, and later also on the staff of the Boston City Hospital. These positions he held for about twenty years, when, owing to the demands made upon him by his patients and the different institutions in which he was consultant, he gave up his staff positions and also a teaching position which he held at the Harvard Medical School. He was immediately appointed consulting physician in these two hospitals as well as at the New England Hospital for Women and Children.

Dr. Bowditch was a pioneer in the establishment of nearby sanatoria for the treatment of tuberculosis in New England. Up to the time when he founded the Shar-

on Sanatorium, at Sharon, Mass., physicians were prone to send their tubercular cases, first on long sea voyages, then to California, later to Colorado, and finally to Arizona and New Mexico. Dr. Bowditch believed that as much could be done for them—and perhaps more—in New England, under proper conditions.

Gathering some of his friends together in his house one evening in 1890, he put before them his plans, which for some years he had been maturing, and asked for their coöperation in establishing the Sharon Sanatorium, where young women of very limited means might go to be treated for tuberculosis, if, in the opinion of the admitting staff, their disease had not progressed so far that it could not be arrested under proper medical care. He met with ready response, and the sum of \$30,000 was raised. The sanatorium was opened in 1891 and has now grown to generous proportions; a children's pavilion has been added in which even infants are taken.

The Sharon Sanatorium was established at a time when the practicability of arresting pulmonary tuberculosis at any low altitude by open air treatment in the New England climate was regarded as little short of chimerical. It was the faith which Dr. Bowditch inspired among his friends and the confidence he had won in medical circles which made this thing possible. It was regarded as a doubtful experiment in preventive medicine. Since then, the ever-increasing number of State and private sanatoria for the treatment of pulmonary tuberculosis, not only in Massachusetts but throughout the United States, regardless of the special climate in which they may be situated, would seem to be sufficient proof that the work at Sharon has been, indirectly at least, instrumental in the marvellous development of Dr. Bowditch's idea demonstrated forty years ago. The number of applicants each year has exceeded the capacity of the institution, and has proved that of even greater importance than the benefit given to the individual in the Sharon Sanatorium

has been its educational effect upon the community; and each patient discharged has acted as a missionary to family and friends alike, thus preventing many cases of tuberculosis.

Dr. Bowditch made a tour to Europe almost every summer until recently; he always visited the medical centers there and was especially interested in watching the development of the sanatorium idea, which had first come to his attention when he was studying abroad. When he determined to try the experiment of the sanatorium idea in New England, he visited these sanatoria, especially in Germany, in order the better to formulate his plans. He was especially interested in the sanatorium of Dr. Hermann Brehmer, of Goerbersdorf, Silesia, and that of his pupil, Dr. Detweiler, at Falkenstein, near Frankfort. While these men inspired him—Brehmer was the first to prove the efficacy of the treatment which involved a maximum of fresh air—both Brehmer and Detweiler believed that a high altitude was necessary for the open-air cure; it was left for Dr. Bowditch to prove that incipient tuberculosis can be successfully treated in the open air in the low altitudes of New England. Dr. Bowditch was responsible for the establishment of the Rutland Sanatorium at Rutland by the Massachusetts Legislature in 1895, later for the New England Sanatorium at the same place, and through his influence the Millet Sanatorium was founded at East Bridgewater in 1900. He was a great friend of Dr. Trudeau's and a frequent visitor at his sanatorium in the Adirondacks, and Dr. Trudeau also came to visit Dr. Bowditch; they had much in common and were an inspiration to each other.

Dr. Bowditch, who always preached that his patients should live in the open air, himself practised this doctrine. He loved to get into the woods with a hatchet and occasionally an axe, to cut down unsightly trees and trim the dead limbs from others. In the early nineties, to enable himself further to indulge in his love of

out-door life he bought some wooded land at Islesford (Little Cranberry Island), a small island off Mt. Desert. Here he built a cottage on the edge of the sea, looking across the water to the mountains of Mt. Desert, and in this home he spent many happy summers.

Dr. Bowditch held the highest offices which it was in the power of the national and local tuberculosis societies to bestow, as well as of many other medical societies in Boston and elsewhere. Although the work he accomplished for the prevention and cure of pulmonary tuberculosis would seem to be enough to fill the life of any professional man, he still found time to become actively interested in all the leading questions of the day, and, as in the case of his father, who had been one of the leaders in the anti-slavery movement and other important reforms, he was looked upon by his associates, his clubs and medical societies, and by the community at large, as a leader in any movement where wrongs were to be righted, nuisances abated, or improvements made. He was always a champion of the down-trodden; he never refused help to the poor or suffering, and his loyalty to his friends was his great outstanding characteristic. No sacrifice on his part, either financial or otherwise, was too great for him to make in defense of any friend of his who was in trouble or being unjustly treated.

A stranger without friends in the city, be he Russian or Armenian, black or white, could always find in Dr. Bowditch a friend who would espouse his cause and help him through his difficulties, and many today can testify that he set them upon their feet when they had failed to obtain sympathy or help from others. It was the same with any great cause in which he believed; he was always ready to fight for it and generally came out victorious. At the time of his death he was greatly interested in the correction of two evils which most people think themselves too busy to bother about: one was the noises of the city, which he

knew could be greatly lessened; the other was the smoke nuisance, which he had fought for years and from which, during the last days of his illness, he suffered so greatly that he had to have his windows shut to keep out smoke and fumes at a time when he needed fresh air to prolong his life—for he died of that dread disease, tuberculosis, which he had fought all his life so successfully for others.

He had made a study of the effect of smoke on respiratory diseases and had become convinced that unnecessary smoke and gases hastened the death of many patients suffering from tuberculosis and pneumonia and retarded the recovery of others, and that the coughing produced by these noxious fumes brought on hemorrhages and deprived his patients of the fresh air so necessary to their recovery.

The lists of titles of his medical writings, now preserved in the Boston Medical Library, would be too long to publish here. In addition to these he wrote on various other subjects; his outstanding work, other than medical, being "The Life and Correspondence of Henry Ingersoll Bowditch," his father—a most delightful biography.

In his continuous work for the betterment of mankind, for the prevention of tuberculosis, and for the improvement of the living conditions in our communities, he used his pen freely. He was a ready and convincing writer; he often became indignant, but never lost his temper, and throughout his arguments and his writings one always felt his fairness and his refinement. He was always courteous, and was greatly respected by all who had the privilege of knowing him; even to the casual observer it was plain that he was a gentleman born and bred. His character and his ideals were an inspiration to everyone, high and low, who came in contact with him.

After his father's death he built a new house at 506 Beacon St., where he lived until his death, on December 20, 1929.

THE TREASURER'S APPEAL

Since the last issue of the BULLETIN, 1700 more appeal cards have been mailed to alumni. At the present time, every alumnus should have received his appeal card.

In spite of the fact that self-addressed, stamped envelopes are provided, it is of interest to note that only 25 per cent. of these cards have been returned to the treasurer. The Association is in need of \$1,000 more for the present year! The alumni are requested to return the self-addressed, stamped envelopes at once. We can use them again!

This is our last appeal this year! Help us out, even if only with one dollar.

AUGUSTUS THORNDIKE, JR.,

Treasurer.

THE CLUB SYSTEM

To the Editor of the BULLETIN:

In the last issue of the BULLETIN, the articles of Dr. Garland and by student "X", concerning the club system at the Dormitory, convey a misconception which it is desirable to correct.

They both give the impression, and in one case it is stated positively, that the gymnasium and squash courts are not open to any except those who join the Club. This is wholly incorrect. They have never been restricted to any group, large or small. The gymnasium was given by Mr. Vanderbilt for the students in general, and always the gymnasium and squash courts have been open to all students. The only thing that in any way approaches any restriction is that there is a charge for lockers, and lockers are required, but that is customary in places of that sort. Indeed, the requirement that men should have lockers was not enforced at first, but two years ago was made and enforced at the request of students themselves, as they said men who wished to avoid securing lockers were often annoying the students who lived in the Dormitory, by asking them for the use of their rooms to undress and dress, which was a great inconvenience to them.

The essential point to be made here is that the impression conveyed in the articles above mentioned was an entire mistake because the gymnasium and squash courts are available to all students.

DAVID L. EDSALL, M.D., *Dean.*

ALUMNI ASSOCIATION MEETING

To the Editor of the BULLETIN:

In the past the only organized gatherings of the alumni of the Harvard Medical School have consisted of an annual business meeting of the Alumni Association followed by a luncheon. It has been proposed, however, to associate future annual meetings with clinical demonstrations at the various hospitals affiliated with the School.

In view of this project, it may be of interest to the alumni to consider the means by which a similar plan has recently been put into practice at Johns Hopkins. In January of this year an organization of Hopkins graduates was formed with the title "Johns Hopkins Medical Association." The list of those invited to join included not only graduates who were doing general practice or who were internists, but also those in psychiatry, neurology, pediatrics, dermatology, and the field of public health. The "Johns Hopkins Surgical Society," which was already in existence, includes graduates who are general surgeons, neuro-surgeons, oto-rhino-laryngologists, gynecologists, and genito-urinary surgeons. The invitations to join the Medical Association stated that it was planned to hold joint meetings (probably annually) of the Medical Association and the Surgical Society, that the dues were to be nominal, and that first meeting would take place February 28 and March 1 of this year. About 900 invitations were sent out, and, by the end of February, 537 replies had been received by the secretary. Of these, 74 declined and 463 accepted membership, and of the latter, 246 expressed their intention of coming to the first meeting.

The program of this meeting, together with that of the Surgical Society, follows:

